Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Linerals and Natural Resources Department

Form C-103 Revised 1-1-89

\_ DATE -

P.O. Box 2088  DISTRICT II  P.O. Drawer DD, Artesia, NM 88210  P.O. Drawer DD, Artesia, NM 88210  P.O. Box 2088  30-005-63266  5. Indicate Type of Lease	
P.O. Drawer D.O. Anesia. NM 88210	
DISTRICT III	<u>e L J</u>
1000 Rio Brazos Rd., Aztec, NM 87410  6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: ONL OAS VELL \( \text{VELL} \( \te	
2. Name of Operator V  8. Well No.	
YATES PETROLEUM CORPORATION 1  3. Address of Operator 9. Pool name or Wildcat	
105 South 4th St., Artesia, NM 88210 Wildcat Precambrian	
4. Well Location	
Unit Letter P: 1305 Feet From The South Line and 925 Feet From The East	Line
Section 2 Township 12S Range 27E NMPM Chaves C	ounty
Section 2 Idwhattp 120 Range 27 Id Idd Id Color (Show whether DF, RKB, RT, GR, etc.)	
(/////////////////////////////////////	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONM	ENT []
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: OTHER:	X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.	
8-1-2000 - Spudded a 14" hole with rathole machine at 3:30 PM 8-1-2000. Drilled to 10 Shut down. NOTE: Notified Mike Stubblefield w/OCD-Artesia.	•
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OCD ARTESIA	
ARTESIA	
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I hereby certify must the information above 1a fue and complete to the best of my knowledge and belief.	
Operations Technician Aug. 4,	2000
SKONATURE TITLE OPERATIONS TO DATE TO THE TOTAL DATE	

71 NUG 1 4 2000 ORIGINAL SIGNED BY TIM W. COM (This space for State Use) DISTRICT II SUPERVISOR

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY: